

ISDH Long Term Care Newsletter
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Today's Issue:

- **Visitation Guidelines Clarification – Excursions, Funerals, Weddings**
- **CMP – COVID-19 Communicative Technology Application Approvals**
- **Reporting of 2nd Positive COVID-19 Results – Red Cap Report**

Visitation Guidelines Clarification – Excursions, Funerals, Weddings

Facilities, residents, and families have sought clarification on a couple of items discussed under “Leaving the Facility” in ISDH’s June 29, 2020 *Visitation Guidelines for Long-Term Care Facilities*.

The first item is the meaning of “excursions” (page 7). As used in the *Visitation Guidelines*, “excursions” means out-of-facility trips lasting less than one day. The term does not include medical appointments, which are treated under separate guidance – but an excursion may be added to a medical trip if the entire outing can be completed within one day. For example, a resident who goes to a doctor’s appointment with a family member could dine out or visit a park with the family member before returning to the facility, assuming both of them follow all recommended precautions against COVID-19 transmission (i.e., social distancing, mask wearing, and hand hygiene).

The second item is the guidance on funerals and weddings (page 8). Initially, this section of the *Visitation Guidelines* does not apply only to funerals and weddings per se, but also to other major life events that may have similar importance to a resident, such as attending a significant family birthday celebration or making an end-of-life visit to a loved one outside the facility. In addition, though it is not explicit, the *Visitation Guidelines* do not authorize overnight stays or longer absences for funerals, weddings, or other major life events. Such longer absences from the facility can increase COVID-19 exposure risk for the resident and, ultimately, the other residents in the facility.

Finally, as a reminder: Neither ISDH nor the CDC require quarantine or other special transmission-based precautions when the resident returns to the facility. Instead, the facility should continue following the protocols in the *Visitation Guidelines* and monitor

the resident for symptoms.

[Visitation Guidelines for Long-Term Care Facilities](#)

CMP – COVID-19 Communicative Technology Application Approvals

The Indiana State Department of Health (ISDH) Division of Long Term Care is pleased to announce that Phase 1 applications for the Civil Money Penalty (CMP) COVID-19 Communicative Technology Project funds have been approved. This project enables nursing homes to purchase communicative devices and accessories so residents can have virtual social and telehealth visits. The COVID-19 pandemic has been extremely difficult and stressful for all LTC residents and staff. These devices will allow for communication and virtual visits with families and healthcare providers.

In Phase 1, a total of 231 facilities will be receiving project funds. Facilities will be notified by email and funds will be sent to the designated facility / organization contact identified on the application. Funds will be sent from COVID-19 Communicative Technology Fund.

Phase 2 applications are in the final approval process.

Facilities that did not apply for or receive funding in Phase 1 or Phase 2 are encouraged to apply for Phase 3 approval. Complete the [CMP COVID-19 Communicative Technology Request](#) and email to nadams1@isdh.in.gov.

ISDH thanks all of Indiana's long term care healthcare providers and staff for their continued dedication and commitment to the Hoosiers in their care.

Reporting of 2nd Positive COVID-19 Results

Based on new information, a positive COVID-19 test should be reported to RedCap if an individual is symptomatic within the 90 day period following a previous positive test and evaluation fails to identify an alternate diagnosis. If asymptomatic and tested randomly within 90 days would not report, if greater than 90 days, then the positive should be reported. See specific information below from the [CDC Duration of Isolation and Precautions for Adults with COVID-19 – Updated July 22, 2020](#).

Reinfection with SARS-CoV-2 has not yet been definitively confirmed in any recovered persons to date. If, and if so when, persons can be reinfected with SARS-CoV-2 remains unknown and is a subject of investigation. Persons infected with related endemic human betacoronavirus appear to become susceptible again at around 90 days after onset of infection. Thus, for persons recovered from SARS-CoV-2 infection, a positive PCR during the 90 days after illness onset more likely represents persistent shedding of viral RNA than reinfection.

- If such a person remains *asymptomatic* during this 90-day period, then any re-testing is unlikely to yield useful information, even if the person had close contact with an infected person.

- If such a person becomes *symptomatic* during this 90-day period and an evaluation fails to identify a diagnosis other than SARS-CoV-2 infection (e.g., influenza), then the person may warrant evaluation for SARS-CoV-2 reinfection in consultation with an infectious disease or infection control expert. Isolation may be warranted during this evaluation, particularly if symptoms developed after close contact with an infected person.